ADULT IMMUNIZATIONS RECORD

Dose number	Date	Manu-facturer	Lot #	Dose	Route	Site	VIS edition (date or n/a)	Name/rank of person administering	Initials	MTF or other facility
Anthrax										
Hepatitis A										
Hepatitis B										
Influenza										
Japanese Encephalitis										
Meningococcal										
MMR										
Pneumococcal										
Polio (IPV)										

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT:
SPONSOR'S NAME	SSN	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN: Sex; Date of Birth; Rank/Grade.)*

ADULT IMMUNIZATIONS RECORD (continued)

Dose number	Date	Manu-facturer	Lot #	Dose	Route	Site	VIS edition (date or n/a)	Name/rank of person administering	Initials	MTF or other facility
Typhoid-Diphtheria (Td)										
Typhoid, Oral Series (Ty 21a)										
Typhoid, Parenteral (Vi-CPS)										
Varicella										
Yellow Fever										
Other										

Remarks

Sensitivity Tests

Date placed	Type	Dose	Route	Site	Results	Reader

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT:
SPONSOR'S NAME	SSN	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN: Sex; Date of Birth; Rank/Grade.)*